



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████████████
██████████████████

DECISION
Case #: HMO - 220977

PRELIMINARY RECITALS

Pursuant to a petition filed November 24, 2025, under Wis. Stat., §49.45(5)(a), to review a decision by her HMO and the Division of Medicaid Services (DMS) to reduce personal care worker (PCW) services under the Medical Assistance (MA) program, a hearing was scheduled on January 7, 2026, by telephone.

No issue remains for determination.

PARTIES IN INTEREST:

Petitioner:

██████████
██████████████████
██████████████████

Respondent:

Department of Health Services
201 E. Washington Ave.
Madison, WI 53703

By: Written submission of Michelle Rocca
Division of Medicaid Services
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

DISCUSSION

Petitioner filed this appeal because the MHS Health HMO proposed to reduce her PCW services from 100 to 34 units per week. Because of the appeal, the DMS ordered the HMO to continue the services at the higher level. Then, effective December 17, 2025, petitioner's home health agency, ██████████, discontinued its services to petitioner. Therefore, because petitioner now has a new PCW provider, there is no jurisdiction for me to order continued services under the ██████████ authorization request. Petitioner's

new provider will have to file a request for future services, and if that request is denied or modified, petitioner can file a new appeal.

THEREFORE, it is

ORDERED

That the petition for review is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5th Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

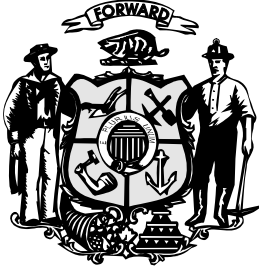
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 8th day of January, 2026

\s _____
Brian C. Schneider
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator
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Madison, WI 53705-5400

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The preceding decision was sent to the following parties on January 8, 2026.

Division of Medicaid Services
DHS MC Appeals